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Epidemiologic Notes and Reports

Heterosexual Transmission of Human T-Lymphotropic Virus Type III/Lymphadenopathy-Associated Virus

Acquired immunodeficiency syndrome (AIDS) is caused by a virus that is known to be transmitted through sexual contact and parenteral exposure to blood or blood products and from mother to child during the perinatal period.

In the United States, sexual contact is believed to be the only risk factor for 8,374 (64%) of the 13,061 AIDS cases among adults reported to CDC as of September 16, 1985. These sexual-contact cases include 8,241 homosexual or bisexual men with no other known risk factors for infection and 133 heterosexual men and women.

The heterosexual-contact cases are among persons who denied belonging to known AIDS risk groups, but reported sexual contact with a risk-group member or an AIDS patient of the opposite sex. The proportion of AIDS patients placed in this category has not changed significantly over time ($p > 0.15$). The 133 heterosexual-contact cases include 118 women and 15 men, the majority of whom said they had sexual contact with intravenous (IV) drug abusers.

No risk factors have been identified for HTLV-III/LAV infection in 829 of the total AIDS cases reported to CDC. Of these 829 patients, 344 were born in developing countries where AIDS is known to exist. The remaining 485 cases constitute a proportion of AIDS patients that has not changed significantly over time ($p > 0.15$). Of these 485 patients with no identified risk, 99 were available for in-depth interviews. Twenty-three (34%) of the 68 men gave histories of sexual contact with female prostitutes. One (3%) of the 31 women gave a history of prostitution.

Serologic evidence of HTLV-III/LAV infection in female prostitutes has been shown in preliminary studies from several American cities. Of 92 prostitutes tested in Seattle, five (5%) had HTLV-III antibody detected by the enzyme immunoassay (EIA) tests of two manufacturers. In Miami, Florida, 10 (40%) of 25 prostitutes attending an AIDS screening clinic had HTLV-III antibody detected by both EIA and Western blot methods. Eight of the 10 seropositive women reported previous IV drug abuse.

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Editorial Note: Transmission of HTLV-III/LAV from heterosexual men to their female sexual partners has been well established in studies from the United States and elsewhere. Several published reports from the United States describe the occurrence of AIDS in heterosexual couples, where only the male partner had a known AIDS risk factor (*1-3*). A study in Rwanda and Belgium described AIDS or related conditions in 42 African women, including 10 prostitutes, who denied IV drug abuse (*4*).

HTLV-III/LAV — Continued

Studies of AIDS patients from several developing countries also indicate that female-to-male sexual transmission of HTLV-III/LAV infection occurs in those settings and emphasize the role of female prostitutes in this transmission. In Zaire, the ratio of male-to-female AIDS cases is 1.1:1 (*5*). A case-control study of heterosexual African men with AIDS or related conditions in Rwanda and Belgium showed a significant association of HTLV-III/LAV infection with a history of contact with prostitutes and with an increased number of female partners per year (*4*). A case-control study of Haitian men with AIDS in Miami and New York City showed a significant association of AIDS with a history of prostitute contact and with a history of sexually transmitted diseases, suggesting that sexual contact may be a major method of transmission in these heterosexual men (*6*).

For persons born in the United States, female-to-male sexual transmission of HTLV-III/LAV has been less evident than male-to-female sexual transmission. The reasons for reported differences in the epidemiologic pattern of HTLV-III/LAV infections in the United States and certain developing countries are not clear. However, there are at least two possible explanations for the paucity of reported male "heterosexual contact" AIDS patients in the United States. First, female-to-male transmission of HTLV-III/LAV may be less efficient than male-to-female transmission, as has been reported for gonococcal infections (*7,8*). Second, the proportion of women among infected persons is relatively small. Of the 2,665 reported heterosexual AIDS patients with known risk factors in the United States, only 647 (24%) are women. The inclusion of 1,427 AIDS cases among bisexual men would further decrease the proportion of women among potential transmitters of infection. If the distribution of HTLV-III/LAV infected persons in the population is similar to the distribution of AIDS patients, infected heterosexual men would outnumber infected women by a ratio of 5:1.

While additional evidence for female-to-male transmission of HTLV-III/LAV in the United States is being sought, it would seem prudent to assume that such transmission occurs. In all other sexually transmitted infections, transmission is bidirectional, and HTLV/III/LAV appears to be spread bidirectionally in other populations. HTLV-III/LAV has been isolated from semen (*9,10*) and, presumably, would be present in the menstrual blood and the lymphocytes found in cervical and vaginal secretions of infected women. Attempts to isolate the virus from cervical and vaginal secretions are in progress.

All sexually active persons should realize that their risks of acquiring infection are greatly increased by having sexual intercourse with members of known AIDS risk groups or with persons who are the sexual contacts of risk-group members. Sexually active persons should also recognize that, as with other sexually transmitted diseases, the greater the number of sexual partners, the greater the risk of possible HTLV-III/LAV infection. Consistent use of condoms should assist in preventing infection with HTLV-III/LAV, but their efficacy in reducing transmission has not yet been proven.

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HTLV-III/LAV — Continued

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Tetracycline-Resistant *Neisseria gonorrhoeae* — Georgia, Pennsylvania, New Hampshire

Since February 1985, CDC has identified 12 isolates of *Neisseria gonorrhoeae* that have high-level resistance to tetracycline (minimal inhibition concentration [MIC] 24-32 μg/ml) but are susceptible to penicillin. This high level of tetracycline resistance appears to be a new phenomenon.

Nine of the cases were reported from the metropolitan Atlanta, Georgia, area, and three, from Philadelphia, Pennsylvania. Ten of the patients were males: two were homosexual; six were heterosexual; and in two cases, sexual preference was not known. Two patients were heterosexual women. Positive cultures were obtained from urogenital sites. Six patients were initially treated with oral tetracycline alone. Five of these were reevaluated after therapy, and all were clinical treatment failures with positive test-of-cure cultures. Eight of the patients from whom information was available denied antibiotic use in the 2 weeks preceding their initial clinic visit.

Review of Sexually Transmitted Diseases Laboratory Program records at CDC over the previous 2 years identified one additional tetracycline-resistant *N. gonorrhoeae* (TRNG) case, reported from New Hampshire in 1983. This was a 28-year-old homosexual male who had positive posttreatment cultures from both the rectum and pharynx after initial treatment with tetracycline for gonococcal infection at those sites.

The identification of *N. gonorrhoeae* was confirmed by standard biochemical and immunologic methods. None of these strains produced β-lactamase. Isolates were tested at CDC by the agar dilution method for sensitivity to penicillin, ampicillin, tetracycline, minocycline, doxycycline, cefotaxime, cefuroxime, cefoxitin, spectinomycin, and trimethoprim/sulfamethoxazole. All were resistant to tetracycline (MIC 16-32 μg/ml), doxycycline (MIC 8-24 μg/ml), and minocycline (MIC 12-32 μg/ml). The isolates were uniformly susceptible to penicillin (MIC 0.008-0.25 μg/ml) and the other antibiotics tested. All the isolates were proline auxotrophs and belonged to serogroup IB with three distinct serovariants represented. Of the 13 isolates tested, all contained plasmids of approximately 24.5 and 2.6 megadaltons. Genetic analysis indicated that deoxyribonucleic acid (DNA) from these strains did not hybridize to a known enteric tetracycline resistance determinant, nor were these strains able to function as genetic donors of tetracycline resistance to sensitive strains of *N. gonorrhoeae* either by conjugation or by DNA-mediated transformation.

A prospective surveillance study was conducted in Dekalb County, Georgia. From August 15, to September 6, 1985, all *N. gonorrhoeae* isolates recovered by the Dekalb County Health Department were tested by CDC for their ability to grow on supplemented chocolate agar containing 2.5 μg of tetracycline per ml. Isolates obtained through this screening procedure were further tested for antimicrobial susceptibility as above. Of 174 confirmed gonococcal isolates, six (3.4%) were found to have high-level resistance to tetracycline. Between Janu-

Neisseria gonorrhoeae — *Continued*

ary 1983 and December 1984, CDC determined MIC to tetracycline on over 9,500 gonococcal isolates, and with the exception of the New Hampshire case cited here, no TRNG were identified.

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Editorial Note: This is the first report of multiple isolates of *N. gonorrhoeae* resistant to tetracycline at this high level. Tetracycline resistance has usually been associated with penicillinase-producing strains (PPNG) (*1*) and with chromosomally resistant *N. gonorrhoeae* (CMRNG) (*2,3*). Strains exhibiting moderate levels of tetracycline resistance (MIC 1-8 μg/ml) have been noted previously. This type of resistance is thought to result from additive effects of mutations at three independent genetic loci (*4,5*). However, the inability of the TRNG strains cited in this report to function as donors of tetracycline resistance strongly suggests

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TABLE I. Summary—cases of specified notifiable diseases, United States

Disease	37th Week Ending			Cumulative, 37th Week Ending		
	Sept. 14, 1985	Sept. 15, 1984	Median 1980-1984	Sept. 14, 1985	Sept. 15, 1984	Median 1980-1984
Acquired Immunodeficiency Syndrome (AIDS)	154	71	N	5,451	2,844	N
Aseptic meningitis	566	304	400	5,715	5,038	5,707
Encephalitis: Primary (arthropod-borne & unspec.)	42	31	70	738	731	963
Post-infectious	1	2	2	94	89	71
Gonorrhea: Civilian	18,002	17,564	19,941	589,812	585,230	675,728
Military	448	345	542	13,037	15,244	19,229
Hepatitis: Type A	399	352	448	15,389	14,647	15,866
Type B	484	497	411	18,110	17,955	15,148
Non A, Non B	88	66	N	2,892	2,659	N
Unspecified	104	84	178	4,011	3,451	6,068
Legionellosis	20	19	N	414	456	N
Leprosy	3	8	4	257	162	162
Malaria	19	24	24	711	667	785
Measles: Total*	22	9	9	2,428	2,315	2,315
Indigenous	11	5	N	2,012	2,048	N
Imported	11	4	N	416	267	N
Meningococcal infections: Total	25	16	34	1,754	2,043	2,045
Civilian	25	16	34	1,751	2,039	2,039
Military	-	-	-	3	4	13
Mumps	35	20	40	2,213	2,220	3,252
Pertussis	81	85	37	1,821	1,617	1,165
Rubella (German measles)	2	5	12	540	550	1,760
Syphilis (Primary & Secondary): Civilian	473	472	618	17,872	19,619	21,518
Military	1	4	6	104	231	266
Toxic Shock syndrome	9	11	N	264	351	N
Tuberculosis	421	468	507	15,037	14,922	17,836
Tularemia	3	5	5	112	229	188
Typhoid fever	10	6	11	247	237	296
Typhus fever, tick-borne (RMSF)	28	19	27	525	681	967
Rabies, animal	97	114	119	3,720	3,848	4,588

TABLE II. Notifiable diseases of low frequency, United States

	Cum. 1985		Cum. 1985
Anthrax	-	Leptospirosis	26
Botulism: Foodborne	35	Plague	11
Infant	39	Poliomyelitis: Total	3
Other	1	Paralytic	3
Brucellosis (Mo. 1, S. Dak. 1, Va. 1, Calif. 1)	96	Psittacosis (Mich. 1)	81
Cholera	3	Rabies, human	-
Congenital rubella syndrome	-	Tetanus (N.Y. City 1, Oreg. 1)	46
Congenital syphilis, ages < 1 year	111	Trichinosis (Pa. 2)	50
Diphtheria	1	Typhus fever, flea-borne (endemic, murine) (Tex. 1)	18

*Four of the 22 reported cases for this week were imported from a foreign country or can be directly traceable to a known internationally imported case within two generations.

TABLE III. Cases of specified notifiable diseases, United States, weeks ending September 14, 1985 and September 15, 1984 (37th Week)

Reporting Area	AIDS	Aseptic Meningitis	Encephalitis		Gonorrhea (Civilian)		Hepatitis (Viral), by type				Legionellosis	Leprosy
			Primary	Post-infectious			A	B	NA,NB	Unspecified		
	Cum. 1985	1985	Cum. 1985	Cum. 1985	Cum. 1985	Cum. 1984	1985	1985	1985	1985	1985	Cum 1985
UNITED STATES	5,451	566	738	94	589,812	585,230	399	484	88	104	20	257
NEW ENGLAND	200	35	21	-	16,192	16,195	18	28	4	11	1	6
Maine	9	1	-	-	793	693	-	-	-	-	-	-
N.H.	-	1	5	-	405	495	1	1	-	-	-	-
Vt.	1	2	-	-	231	273	-	-	-	-	1	-
Mass.	123	20	15	-	6,268	6,749	3	13	3	11	-	6
R.I.	9	10	-	-	1,323	1,083	3	1	-	-	-	-
Conn.	58	1	1	-	7,172	6,902	11	13	1	-	-	-
MID ATLANTIC	2,115	127	104	11	89,423	79,021	22	52	5	5	-	24
Upstate N.Y.	260	59	32	4	12,111	12,006	8	21	2	-	-	1
N.Y. City	1,422	10	12	-	44,683	32,369	-	-	-	-	-	23
N.J.	307	35	25	-	13,462	13,417	9	12	1	4	-	-
Pa.	126	23	35	7	19,167	21,229	5	19	2	1	-	-
E.N. CENTRAL	233	159	177	18	83,012	82,160	14	46	8	7	8	21
Ohio	43	84	70	4	21,519	21,596	6	17	3	3	4	3
Ind.	18	24	37	2	8,838	8,718	-	2	-	1	-	-
Ill.	114	-	14	7	21,279	18,653	4	4	-	2	-	16
Mich.	40	51	38	-	23,307	24,017	4	23	5	1	4	2
Wis.	18	-	18	5	8,069	9,176	-	-	-	-	-	-
W.N. CENTRAL	65	11	55	3	29,033	28,799	11	13	-	1	-	1
Minn.	21	1	25	1	4,289	4,364	-	8	-	-	-	-
Iowa	8	3	19	-	3,099	3,139	-	-	-	-	-	-
Mo.	27	7	-	-	13,988	13,882	-	1	-	1	-	1
N. Dak.	-	-	-	1	193	268	1	-	-	-	-	-
S. Dak.	-	-	-	-	536	670	5	1	-	-	-	-
Nebr.	2	-	5	-	2,482	1,991	-	2	-	-	-	-
Kans.	7	-	6	1	4,446	4,485	5	1	-	-	-	-
S. ATLANTIC	837	71	89	33	130,148	148,871	35	109	16	13	2	6
Del.	10	6	4	-	3,059	2,770	-	-	-	-	1	-
Md.	102	10	20	1	20,739	17,103	4	24	1	2	1	1
D.C.	110	-	-	-	10,890	10,622	-	2	-	2	-	-
Va.	67	24	20	4	13,420	14,081	2	17	-	1	-	-
W. Va.	5	1	20	-	1,848	1,834	1	-	-	1	-	-
N.C.	40	10	22	-	25,404	24,306	1	7	1	1	-	2
S.C.	21	-	3	-	15,642	14,926	1	6	-	-	-	-
Ga.	130	7	-	-	-	27,150	9	12	1	-	-	1
Fla.	352	13	-	28	39,146	36,079	17	41	13	6	-	2
E.S. CENTRAL	47	31	24	4	52,988	51,751	6	39	6	1	-	-
Ky.	13	9	8	-	6,033	6,271	-	6	-	1	-	-
Tenn.	15	3	5	-	20,102	21,344	3	25	1	-	-	-
Ala.	17	19	9	4	16,188	16,395	3	7	5	-	-	-
Miss.	2	-	2	-	10,665	7,741	-	1	-	-	-	-
W.S. CENTRAL	386	90	94	2	78,932	79,889	73	48	7	23	6	17
Ark.	5	2	3	1	7,601	7,317	1	4	1	-	-	1
La.	68	1	3	-	15,471	17,867	2	4	-	1	-	1
Okla.	11	3	20	1	8,647	8,762	15	8	2	6	-	-
Tex.	302	84	68	-	47,213	45,943	55	32	4	16	6	15
MOUNTAIN	98	11	28	6	19,191	18,991	84	37	12	6	1	5
Mont.	-	-	-	-	541	789	13	3	-	1	-	-
Idaho	-	-	-	-	598	934	7	3	1	-	-	-
Wyo.	-	-	1	-	430	527	1	-	-	-	-	-
Colo.	43	2	6	2	5,661	5,465	15	8	2	3	-	1
N. Mex.	12	-	3	-	2,218	2,242	16	6	-	-	-	-
Ariz.	26	5	5	-	5,597	5,118	19	10	3	2	1	1
Utah	12	4	10	4	861	929	5	3	3	-	-	2
Nev.	5	-	3	-	3,285	2,987	8	4	3	-	-	1
PACIFIC	1,470	31	146	17	90,893	79,553	136	112	30	37	2	177
Wash.	79	11	13	-	6,696	6,005	4	5	7	-	-	33
Oreg.	22	-	1	-	4,583	4,621	24	7	3	-	-	3
Calif.	1,348	16	114	17	76,202	65,569	108	95	20	37	2	122
Alaska	3	1	18	-	2,130	1,992	-	2	-	-	-	-
Hawaii	18	3	-	-	1,282	1,366	-	3	-	-	-	19
Guam	-	U	-	-	100	174	U	U	U	U	U	3
P.R.	61	1	4	2	2,350	2,436	4	11	-	4	-	2
V.I.	2	U	-	-	312	395	U	U	U	U	U	-
Pac. Trust Terr.	-	U	-	-	146	-	U	U	U	U	U	20

N: Not notifiable U: Unavailable

TABLE III. (Cont'd.) Cases of specified notifiable diseases, United States, weeks ending September 14, 1985 and September 15, 1984 (37th Week)

Reporting Area	Malaria	Measles (Rubeola)					Menin-gococcal Infections	Mumps		Pertussis			Rubella		
		Indigenous		Imported *		Total									
	Cum. 1985	1985	Cum. 1985	1985	Cum. 1985	Cum. 1984	Cum. 1985	1985	Cum. 1985	1985	Cum. 1985	Cum. 1984	1985	Cum. 1985	Cum. 1984
UNITED STATES	711	11	2,012	11	416	2,315	1,754	35	2,213	81	1,821	1,617	2	540	550
NEW ENGLAND	38	-	38	-	88	104	78	-	51	7	101	43	-	12	18
Maine	4	-	-	-	1	-	2	-	6	3	8	2	-	-	1
N.H.	4	-	-	-	-	36	12	-	9	-	39	7	-	2	1
Vt.	1	-	-	-	-	7	9	-	2	-	3	19	-	-	-
Mass.	18	-	34	-	84	48	13	-	14	3	31	12	-	6	16
R.I.	3	-	-	-	-	-	13	-	13	1	13	2	-	-	-
Conn.	8	-	4	-	3	13	29	-	7	-	7	1	-	4	-
MID ATLANTIC	111	-	168	-	34	144	308	17	244	3	113	138	1	216	213
Upstate N.Y.	36	-	71	-	13	32	121	1	132	1	52	74	-	17	99
N.Y. City	40	-	55	-	8	100	50	14	28	-	16	6	1	176	96
N.J.	14	-	17	-	10	7	47	1	30	1	5	11	-	9	17
Pa.	21	-	25	-	3	5	90	1	54	1	40	47	-	14	1
E.N. CENTRAL	34	1	428	5	83	691	310	2	831	17	351	419	-	27	82
Ohio	7	-	-	-	52	9	102	2	246	15	53	64	-	-	2
Ind.	3	-	49	-	2	3	40	-	36	-	98	225	-	1	5
Ill.	5	1	286	-	5	179	69	-	179	-	26	23	-	10	48
Mich.	13	-	37	5§	23	461	71	-	289	2	35	25	-	15	19
Wis.	6	-	56	-	1	39	28	-	81	-	139	82	-	1	8
W.N. CENTRAL	27	-	1	-	10	46	88	-	66	1	140	110	-	19	34
Minn.	11	-	-	-	6	38	23	-	1	-	69	12	-	2	4
Iowa	2	-	-	-	-	-	8	-	10	-	6	10	-	1	1
Mo.	5	-	-	-	2	3	34	-	11	-	26	18	-	7	-
N. Dak.	2	-	-	-	2	-	4	-	3	-	9	-	-	2	3
S. Dak.	1	-	-	-	-	-	2	-	-	-	2	8	-	-	-
Nebr.	1	-	-	-	-	-	7	-	2	-	4	11	-	-	-
Kans.	5	-	1	-	-	5	10	-	39	1	24	51	-	7	26
S. ATLANTIC	88	2	267	4	28	50	339	3	206	6	292	167	-	54	22
Del.	-	-	-	-	-	-	8	-	1	-	-	2	-	1	-
Md.	22	1	94	2†	9	20	47	-	27	-	124	53	-	6	1
D.C.	5	-	9	-	1	8	6	-	-	-	1	-	-	-	-
Va.	19	-	21	2§	7	5	41	-	41	-	11	18	-	2	-
W. Va.	2	-	31	-	2	-	8	1	57	-	4	11	-	9	-
N.C.	8	-	9	-	-	-	46	-	11	1	21	23	-	-	-
S.C.	-	-	-	-	1	1	34	-	7	-	2	2	-	3	-
Ga.	6	-	8	-	-	1	56	-	28	5	82	14	-	4	2
Fla.	26	1	95	-	8	15	93	2	34	-	47	44	-	29	19
E.S. CENTRAL	9	-	-	-	7	3	80	-	23	4	37	12	-	2	9
Ky.	3	-	-	-	5	1	8	-	8	-	6	1	-	2	3
Tenn.	-	-	-	-	1	2	31	-	13	-	16	7	-	-	-
Ala.	5	-	-	-	-	-	25	-	-	4	11	-	-	-	3
Miss.	1	-	-	-	1	-	16	-	2	-	4	4	-	-	3
W.S. CENTRAL	67	-	412	-	13	533	146	2	230	28	292	274	-	32	6
Ark.	1	-	-	-	-	8	13	1	5	-	12	18	-	1	3
La.	1	-	42	-	-	8	22	-	2	-	11	6	-	-	-
Okla.	2	-	-	-	1	8	28	N	N	1	125	235	-	1	-
Tex.	63	-	370	-	12	509	83	1	223	27	144	15	-	30	3
MOUNTAIN	37	-	487	-	51	145	75	3	206	4	145	97	-	5	17
Mont.	-	-	122	-	17	-	5	-	9	-	8	19	-	-	-
Idaho	2	-	126	-	18	23	2	-	9	1	5	7	-	1	1
Wyo.	1	-	-	-	-	-	6	-	2	-	-	3	-	-	2
Colo.	11	-	6	-	7	6	21	1	17	3	53	34	-	-	2
N. Mex.	13	-	1	-	5	88	8	N	N	-	12	6	-	2	-
Ariz.	5	-	232	-	4	1	19	1	100	-	27	20	-	1	1
Utah	2	-	-	-	-	27	8	-	6	-	40	6	-	-	7
Nev.	3	-	-	-	-	-	6	1	63	-	-	2	-	1	4
PACIFIC	300	8	211	2	102	599	330	8	356	11	350	357	1	173	149
Wash.	19	-	28	-	38	139	58	1	30	2	60	160	-	11	1
Oreg.	12	1	4	-	1	-	30	N	N	-	40	14	-	1	2
Calif.	252	7	164	2†	58	303	230	7	303	4	204	111	1	118	141
Alaska	2	-	-	-	-	-	8	-	8	-	29	1	-	1	1
Hawaii	15	-	15	-	5	157	4	-	15	5	17	71	-	42	4
Guam	1	U	10	U	1	90	-	U	5	U	-	-	U	1	4
P.R.	-	-	54	-	-	10	12	1	131	-	10	-	-	25	8
V.I.	-	U	4	U	6	-	-	U	3	U	-	-	U	-	-
Pac. Trust Terr.	-	U	-	U	-	-	-	U	3	U	-	-	U	-	-

*For measles only, imported cases includes both out-of-state and international importations.

N: Not notifiable U: Unavailable †International §Out-of-state

TABLE III. (Cont'd.) Cases of specified notifiable diseases, United States, weeks ending September 14, 1985 and September 15, 1984 (37th Week)

Reporting Area	Syphilis (Civilian) (Primary & Secondary)		Toxic-shock Syndrome	Tuberculosis		Tula-remia	Typhoid Fever	Typhus Fever (Tick-borne) (RMSF)	Rabies, Animal
	Cum. 1985	Cum. 1984	1985	Cum. 1985	Cum. 1984	Cum. 1985	Cum. 1985	Cum. 1985	Cum. 1985
UNITED STATES	17,872	19,619	9	15,037	14,922	112	247	525 +32	3,720
NEW ENGLAND	398	366	1	517	427	3	10	7	19
Maine	12	4	-	36	21	-	-	-	-
N.H.	29	12	1	13	25	-	-	1	1
Vt.	5	1	-	5	7	-	-	-	-
Mass.	191	211	-	315	228	3	7	5	11
R.I.	12	15	-	38	30	-	-	1	-
Conn.	149	123	-	110	116	-	3	-	7
MID ATLANTIC	2,500	2,670	2	2,772	2,727	2	36	19 +1	371
Upstate N.Y.	181	230	-	486	441	-	9	9	84
N.Y. City	1,533	1,642	1	1,330	1,084	1	19	3	-
N.J.	490	474	-	383	611	1	7	3	34
Pa.	296	324	1	573	591	-	1	4 1	253
E.N. CENTRAL	738	921	-	1,859	1,968	1	29	38 +2	137
Ohio	106	174	-	326	370	-	6	28 2	25
Ind.	67	95	-	226	235	-	3	2	19
Ill.	362	315	-	789	815	1	13	6	27
Mich.	156	285	-	409	422	-	5	2	20
Wis.	47	52	-	109	126	-	2	-	46
W.N. CENTRAL	159	280	1	418	464	34	10	35	704
Minn.	33	77	-	91	78	1	6	-	141
Iowa	17	11	1	44	48	-	2	1	125
Mo.	80	142	-	205	235	21	1	3	36
N. Dak.	2	9	-	7	11	-	-	1	100
S. Dak.	5	-	-	19	17	7	-	2	236
Nebr.	6	11	-	11	22	2	1	3	30
Kans.	16	30	-	41	53	3	-	25	36
S. ATLANTIC	4,568	5,806	1	3,021	3,113	6	26	258 +19	941
Del.	28	14	-	27	38	1	-	3 1	-
Md.	304	363	-	269	301	-	9	26 3	453
D.C.	245	237	-	118	132	-	-	-	-
Va.	215	293	-	266	334	1	3	17 -1	133
W. Va.	15	13	-	81	96	-	-	1	22
N.C.	478	606	-	382	464	4	2	106 15	11
S.C.	582	552	-	368	371	-	1	66 1	55
Ga.	-	993	-	512	447	-	2	33	142
Fla.	2,701	2,735	1	998	930	-	9	6	125
E.S. CENTRAL	1,467	1,351	-	1,335	1,372	5	4	51 +2	185
Ky.	47	72	-	321	330	-	1	7	26
Tenn.	452	368	-	377	425	4	1	25	45
Ala.	451	447	-	405	409	1	2	12 2	109
Miss.	517	464	-	232	208	-	-	7	5
W.S. CENTRAL	4,306	4,801	-	1,845	1,713	40	21	100 +8	639
Ark.	225	152	-	198	189	22	-	13	104
La.	750	859	-	264	222	-	-	1	12
Okla.	123	156	-	184	166	13	2	75 8	83
Tex.	3,208	3,634	-	1,199	1,136	5	19	11	440
MOUNTAIN	502	437	2	396	401	14	11	14	313
Mont.	5	2	-	46	17	4	-	6	142
Idaho	4	19	-	18	24	-	-	-	8
Wyo.	8	7	-	5	-	-	-	4	16
Colo.	125	117	-	42	50	2	4	2	21
N. Mex.	94	58	1	70	80	2	4	-	9
Ariz.	232	156	-	177	178	4	3	-	108
Utah	6	14	1	12	30	2	-	-	3
Nev.	28	64	-	26	22	-	-	2	6
PACIFIC	3,234	2,987	2	2,874	2,737	7	100	3	411
Wash.	80	114	-	168	140	-	-	-	4
Oreg.	67	81	-	93	108	1	-	-	4
Calif.	3,035	2,733	2	2,405	2,293	4	96	3	400
Alaska	2	4	-	72	45	2	-	-	3
Hawaii	50	55	-	136	151	-	4	-	-
Guam	2	-	U	27	40	-	-	-	-
P.R.	569	575	-	243	270	-	2	-	31
V.I.	1	8	U	1	3	-	52	-	-
Pac. Trust Terr.	13	-	U	16	-	-	-	-	-

U: Unavailable

TABLE IV. Deaths in 121 U.S. cities,* week ending September 14, 1985 (37th Week)

Reporting Area	All Causes, By Age (Years)						P&I** Total
	All Ages	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	624	426	127	36	9	26	47
Boston, Mass.	152	94	34	11	4	9	14
Bridgeport, Conn.	58	38	14	2	-	4	2
Cambridge, Mass.	21	18	3	-	-	-	5
Fall River, Mass.	21	16	5	-	-	-	-
Hartford, Conn.	62	38	17	5	1	1	5
Lowell, Mass.	22	14	5	3	-	-	3
Lynn, Mass.	18	14	2	2	-	-	-
New Bedford, Mass.	25	20	4	1	-	-	1
New Haven, Conn.	53	28	12	2	2	9	4
Providence, R.I.	52	40	9	1	-	2	4
Somerville, Mass.	7	6	1	-	-	-	1
Springfield, Mass.	39	27	8	1	2	1	3
Waterbury, Conn.	36	28	3	5	-	-	3
Worcester, Mass.	58	45	10	3	-	-	2
MID ATLANTIC	2,730	1,731	586	278	58	77	114
Albany, N.Y.	52	34	12	4	1	1	-
Allentown, Pa.	20	15	5	-	-	-	-
Buffalo, N.Y.	119	75	29	10	4	1	6
Camden, N.J.	43	27	12	2	-	2	1
Elizabeth, N.J.	32	21	6	5	-	-	-
Erie, Pa.†	40	30	8	2	-	-	2
Jersey City, N.J.	41	30	9	2	-	-	1
N.Y. City, N.Y.	1,425	897	280	182	29	37	49
Newark, N.J.	90	34	31	14	6	5	4
Paterson, N.J.	24	13	6	4	-	1	2
Philadelphia, Pa.	407	256	97	23	13	18	24
Pittsburgh, Pa.†	50	31	13	4	-	2	1
Reading, Pa.	27	21	3	1	-	2	3
Rochester, N.Y.	119	83	22	9	4	1	11
Schenectady, N.Y.	20	19	1	-	-	-	2
Scranton, Pa.†	23	19	3	1	-	-	1
Syracuse, N.Y.	122	78	32	5	1	6	-
Trenton, N.J.	28	15	9	3	-	1	2
Utica, N.Y.	23	17	3	3	-	-	3
Yonkers, N.Y.	25	16	5	4	-	-	2
E.N. CENTRAL	2,405	1,652	412	166	67	106	87
Akron, Ohio	75	53	13	5	1	3	-
Canton, Ohio	22	16	3	2	1	-	5
Chicago, Ill.§	553	462	11	26	16	37	16
Cincinnati, Ohio	112	74	27	6	2	3	8
Cleveland, Ohio	159	91	45	13	3	7	4
Columbus, Ohio	177	114	37	14	6	6	2
Dayton, Ohio	109	63	28	12	2	4	3
Detroit, Mich.	295	164	64	34	16	16	10
Evansville, Ind.	49	35	10	2	2	-	2
Fort Wayne, Ind.	66	41	9	8	2	6	2
Gary, Ind.§	16	16	-	-	-	-	-
Grand Rapids, Mich	72	53	12	4	-	3	6
Indianapolis, Ind.	183	113	47	11	6	6	5
Madison, Wis.	53	37	9	2	2	3	2
Milwaukee, Wis.	143	93	38	7	2	3	6
Peoria, Ill.	56	45	5	4	-	2	7
Rockford, Ill.	45	30	8	3	1	3	1
South Bend, Ind.	65	46	17	1	-	1	4
Toledo, Ohio	86	55	19	6	3	3	2
Youngstown, Ohio	69	51	10	6	2	-	2
W.N. CENTRAL	720	488	135	51	19	27	18
Des Moines, Iowa	64	40	15	3	2	4	3
Duluth, Minn.	27	19	4	2	2	-	-
Kansas City, Kans.	20	14	2	1	2	1	1
Kansas City, Mo.	118	75	22	13	4	4	2
Lincoln, Nebr.	44	34	6	4	-	-	-
Minneapolis, Minn.	69	47	10	4	2	6	-
Omaha, Nebr.	82	53	19	6	2	2	2
St. Louis, Mo.	150	99	31	9	4	7	4
St. Paul, Minn.	79	61	13	4	1	-	1
Wichita, Kans.	67	46	13	5	-	3	5
S. ATLANTIC	1,310	845	270	85	46	62	41
Atlanta, Ga.	195	117	40	17	6	15	1
Baltimore, Md.	206	120	61	13	6	6	4
Charlotte, N.C.	83	49	22	4	4	4	2
Jacksonville, Fla.	140	84	39	9	4	4	4
Miami, Fla.	81	45	13	13	4	6	1
Norfolk, Va.	51	24	12	5	2	8	5
Richmond, Va.	88	47	32	3	5	1	6
Savannah, Ga.	39	17	14	3	3	2	6
St. Petersburg, Fla.	119	95	14	6	3	1	6
Tampa, Fla.	81	58	17	1	1	2	4
Washington, D.C. §	210	176	3	10	8	13	2
Wilmington, Del.	17	13	3	1	-	-	-
E.S. CENTRAL	923	593	212	57	29	31	53
Birmingham, Ala.	115	73	31	7	1	3	1
Chattanooga, Tenn.	60	38	20	2	-	-	4
Knoxville, Tenn.	97	73	17	5	1	1	10
Louisville, Ky.	106	63	29	4	6	4	7
Memphis, Tenn.	259	163	52	17	11	15	15
Mobile, Ala.	63	43	11	4	3	2	7
Montgomery, Ala.	77	50	18	5	1	3	3
Nashville, Tenn.	146	90	34	13	6	3	6
W.S. CENTRAL	1,308	776	315	120	56	41	44
Austin, Tex.	49	33	6	6	2	2	4
Baton Rouge, La.	38	21	11	2	1	3	-
Corpus Christi, Tex.	47	35	9	2	-	1	-
Dallas, Tex.	199	105	55	26	7	6	9
El Paso, Tex.	59	39	11	3	4	2	2
Fort Worth, Tex.	99	59	29	7	3	1	3
Houston, Tex.	295	141	87	41	18	8	7
Little Rock, Ark.	58	34	9	6	3	6	4
New Orleans, La.	147	86	43	10	4	4	-
San Antonio, Tex.	157	112	19	14	8	4	7
Shreveport, La.	56	36	16	1	2	1	3
Tulsa, Okla.	104	75	20	2	4	3	5
MOUNTAIN	596	356	153	34	32	21	22
Albuquerque, N.Mex.	76	40	23	6	5	2	4
Colo. Springs, Colo.	32	16	10	3	3	-	1
Denver, Colo.	124	72	30	5	9	8	2
Las Vegas, Nev.	85	50	28	5	2	-	3
Ogden, Utah	29	18	7	-	3	1	3
Phoenix, Ariz.	99	63	24	6	1	5	1
Pueblo, Colo.	23	15	5	2	1	-	3
Salt Lake City, Utah	42	25	7	2	6	2	-
Tucson, Ariz.	86	57	19	5	2	3	5
PACIFIC	1,905	1,372	290	107	70	62	108
Berkeley, Calif.	16	11	1	3	-	1	-
Fresno, Calif.	57	40	13	3	1	-	5
Glendale, Calif. §	22	22	-	-	-	-	1
Honolulu, Hawaii	64	36	12	10	3	3	3
Long Beach, Calif.	73	48	14	6	-	5	6
Los Angeles, Calif. §	513	458	12	3	21	15	15
Oakland, Calif.	64	36	18	4	4	2	2
Pasadena, Calif.	45	35	7	1	1	1	5
Portland, Oreg.	147	95	27	14	4	7	9
Sacramento, Calif.	142	89	32	11	4	6	13
San Diego, Calif.	197	122	40	20	10	5	12
San Francisco, Calif.	152	103	27	12	6	4	4
San Jose, Calif.	158	114	32	4	5	3	19
Seattle, Wash.	149	93	33	10	5	8	5
Spokane, Wash.	58	37	13	3	4	1	7
Tacoma, Wash.	48	33	9	3	2	1	2
TOTAL	12,521††	8,239	2,500	934	386	453	534

*Mortality data in this table are voluntarily reported from 121 cities in the United States, most of which have populations of 100,000 or more. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

** Pneumonia and influenza.

† Because of changes in reporting methods in these 3 Pennsylvania cities, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.

†† Total includes unknown ages.

§ Data not available. Figures are estimates based on average of past 4 weeks.

TABLE V. Years of potential life lost, deaths, and death rates, by cause of death, and estimated number of physician contacts, by principal diagnosis, United States

Cause of morbidity or mortality (Ninth Revision ICD, 1975)	Years of potential life lost before age 65 by persons dying in 1983*†	Estimated mortality April 1985		Estimated number of physician contacts April 1985*¶
		Number*§	Annual Rate/100,000*§	
ALL CAUSES (TOTAL)	9,170,000	182,380	933.1	117,700,000
Accidents and adverse effects (E800-E949)	2,219,000	7,410	37.9	7,000,000
Malignant neoplasms (140-208)	1,808,000	38,930	199.2	2,000,000
Diseases of heart (390-398, 402, 404-429)	1,559,000	68,780	351.9	6,200,000
Suicides, homicides (E950-E978)	1,218,000	3,950	20.2	—
Chronic liver disease and cirrhosis (571)	248,000	2,350	12.0	200,000
Cerebrovascular diseases (430-438)	226,000	13,840	70.8	500,000
Congenital anomalies (740-759)	134,000	1,210	6.2	300,000
Chronic obstructive pulmonary diseases and allied conditions (490-496)	123,000	6,490	33.2	1,700,000
Diabetes mellitus (250)	115,000	3,280	16.8	3,100,000
Pneumonia and influenza (480-487)	106,000	6,060	31.0	1,100,000
Prenatal care*				3,200,000
Infant mortality*††		3,300	10.6 /1,000 live births	

*For details of calculation, see footnotes for Table V, *MMWR* 1985;34:2.

†Years of potential life lost for persons between 1 year and 65 years old at the time of death are derived from the number of deaths in each age category as reported by the National Center for Health Statistics, *Monthly Vital Statistics Report* (MVSR), Vol. 32, No. 13, September 21, 1984.

§National Center for Health Statistics, *Monthly Vital Statistics Report* (MVSR), Vol. 34, No. 5, August 21, 1985, pp. 8-9.

¶IMS America *National Disease and Therapeutic Index* (NDTI), Monthly Report, April 1985, Section III.

††MVSR Vol. 34, No. 4, July 19, 1985, p. 1.

Neisseria gonorrhoeae — *Continued*

that this is a new type of resistance and does not result from previously described genetic determinants. Although all TRNG isolates to date have been sensitive to penicillin, preliminary data indicate that they may have the capability to acquire and maintain a β-lactamase plasmid.

The magnitude of the tetracycline MICs reported here, and their association with treatment failures, raises public health concerns, since tetracycline (minocycline, doxycycline) is sometimes used as the sole therapy for gonococcal genital infections and as neonatal prophylaxis for ophthalmia neonatorum.

Neisseria gonorrhoeae — *Continued*

In light of this new development, CDC strongly urges that all positive test-of-cure cultures be screened for tetracycline resistance by disk diffusion in addition to recommended procedures for PPNG and CMRNG testing (*3,6*). All gonococcal isolates with an inhibitory zone of less than 30 mm to a 30 μg tetracycline disc on supplemented chocolate agar should be submitted to a reference laboratory for confirmation by agar dilution techniques. The 1985 CDC *Sexually Transmitted Diseases Treatment Guidelines* (*7*) will emphasize that tetracycline (minocycline, doxycycline) therapy alone should be used only in patients with reported penicillin allergy. These patients should be strongly encouraged to return for a posttreatment evaluation.

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Perspectives in Disease Prevention and Health Promotion

Suicide and Suicide Attempts by the Nonmedical Use of Drugs

For 1983, the Drug Abuse Warning Network (DAWN) was notified of 2,975 deaths attributed to drug abuse and 108,585 drug abuse incidents. Although it is not a population-based surveillance system, DAWN, sponsored by the National Institute on Drug Abuse, monitors nonmedical use of drugs through 76 medical examiner facilities and 760 emergency rooms (*1*).

Of the 2,975 deaths related to drug abuse, 1,097 (37%) were classified as suicides. Attempted suicides were reported for 42,294 (39%) of the drug abuse incidents. More than half (53%) of persons whose deaths were attributed to suicide by drug overdose were female; 67% of persons attempting suicide by drug overdose were female. Death by drug overdose occurred in an older age group than did suicide attempt by drug overdose: 71% of deaths were among persons older than 30 years, whereas approximately 40% of persons attempting suicide were older than 30 years.

Alcohol in combination with some other substance was most commonly used in both suicides and suicide attempts reported to DAWN (Table 1). Alcohol was involved in 21% of suicides and 20% of suicide attempts. Amitriptyline, a prescription antidepressant, was used in 16% of suicides but only 4% of suicide attempts.

Reported by Div of Epidemiology and Statistical Analysis, National Institute on Drug Abuse, ADAMHA; Violence Epidemiology Br, Center for Health Promotion and Education, CDC.

Editorial Note: DAWN is a large data base but is neither a representative sample nor a population-based registry. Therefore, rates for drug-related suicides and suicide attempts cannot be calculated, and generalizations based on DAWN data may not be valid. DAWN data

Suicide — Continued

complement vital statistics information for suicide and provide additional clarification of drug-related suicide attempts by listing specific substances ingested.

Nonmedical use of drugs is cited as the method most frequently used in suicide attempts (*2*). However, suicide by self-poisoning (International Classification of Diseases, 9th Revision, E950), which includes nonmedical use of drugs, is decreasing in frequency in the United States (*3*). Between 1970 and 1980, suicide by self-poisoning decreased from 17% to 11% of all suicides. The total number of suicides has increased during the same period (*3*).

The high frequency of aspirin and acetaminophen ingestion reported in suicide attempts underscores the availability of these nonprescription drugs. Among prescription drugs used, amitriptyline, seldom abused for psychic effects, was the most frequently mentioned prescription substance used for suicide in DAWN reporting. Persons committing suicide by amitriptyline overdose are likely to have been in treatment for depression; depression is a significant risk factor for suicide (*4*). Limiting the number of pills per prescription, writing only nonrefillable prescriptions, and scheduling frequent office visits to assess patient response and to inquire about suicidal thoughts may help reduce deaths from antidepressant overdose.

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TABLE 1. The most frequently used substances ingested during suicide attempts and suicides

Rank	Suicide attempts	Suicides
1	Alcohol combined with other drugs	Alcohol combined with other drugs
2	Diazepam	Amitriptyline
3	Aspirin	d-Propoxyphene
4	Acetaminophen	Diazepam
5	Other, unspecified tranquilizers	Acetaminophen

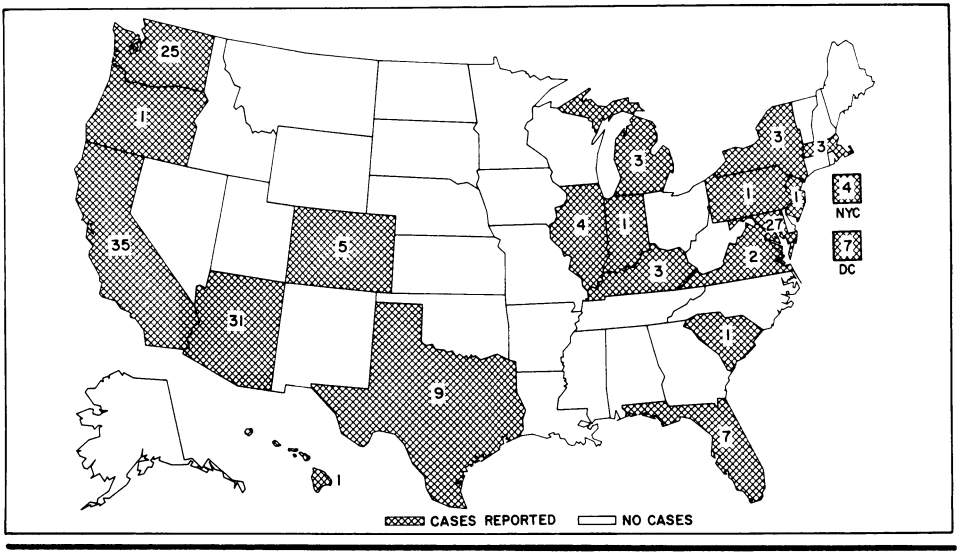
Epidemiologic Notes and Reports

Restaurant-Associated Botulism — Vancouver, British Columbia

One proven and 20 suspect cases of botulism in Canada and the western United States have been associated with eating at the White Spot Restaurant on Georgia Street in downtown Vancouver between August 27 and September 11, 1985. The patients have experienced onset of symptoms up to 10 days following exposure. Physicians should be aware of the outbreak and are requested to report suspect cases to local and state public health authorities.

Reported by Health Protection Br, Dept of National Health and Welfare, Ottawa, Canada; Emergency and Epidemiological Operations Br, U.S. Food and Drug Administration; Enteric Diseases Br, Div of Bacterial Diseases, Center for Infectious Diseases, CDC.

FIGURE I. Reported measles cases — United States, weeks 33-36, 1985



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The data in this report are provisional, based on weekly reports to CDC by state health departments. The reporting week concludes at close of business on Friday; compiled data on a national basis are officially released to the public on the succeeding Friday.

The editor welcomes accounts of interesting cases, outbreaks, environmental hazards, or other public health problems of current interest to health officials. Such reports and any other matters pertaining to editorial or other textual considerations should be addressed to: ATTN: Editor, *Morbidity and Mortality Weekly Report*, Centers for Disease Control, Atlanta, Georgia 30333.

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